

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

09/17/2014

Document Number:

400689707

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Andrea Rasey</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(303) 7743960</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>andrea.rasey@encana.com</u>

API #: <u>05 - 123 - 39215 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Mumby State 4H-36H P266</u>		<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>36</u>	Twp: <u>2N</u>	Range: <u>66W</u> QtrQtr: <u>SESE</u>
Lat: <u>40.090825</u>		Long: <u>-104.719445</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/20/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 11/03/2014

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: <u>Andrea Rasey</u>	Email: <u>andrea.rasey@encana.com</u>
Signature: <u>Andrea Rasey</u>	Title: <u>Completions Tech</u> Date: <u>09/17/2014</u>